

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531643

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		⊖				
6		⊖				
7		⊖				
8		⊖				
9		⊖				
10		⊖				
11		⊖				
12		⊖				
13		⊖				
14		⊖				
15		⊖				
16	1					
17	1					
18		1				
19		2				
20		⊖				
21		⊖				
22	1					
23		⊖				
24	1					
25		⊖				
26	1					
27		⊖				
28			1			
29				1		
30				1		
31				1		
32				1		
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42				1		
43			1			
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50						
TOTAL IND.	6	↓	2	↓		↓
TOTAL DEP.	24	←	20	←		←
TOTAL CLAIMS	30		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						